



**DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services**

**James Randolph Farris, M.D.
Regional Administrator**

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November 20, 2003

Our Reference: WA-TX0110.90.R3

Mr. Jason Cooke
Associate Commissioner for Medicaid and CHIP
Texas Health and Human Services Commission
Post Office Box 13247
Austin, TX 78711

Dear Mr. Cooke:

I am pleased to inform you that your request to renew your Medicaid Home and Community-Based Services Waiver (HCBSW) No. 0110.90.R3 (HCS) has been approved. As authorized by Section 1915 (c) of the Social Security Act, this HCBSW program provides an array of home and community-based services to individuals who would require services at the level provided by an Intermediate Care Facility for persons with mental retardation (ICF/MR). This waiver renewal has been assigned control number 0110.90.R3, which should be used in all future correspondence regarding the program.

Specifically, you submitted a request to provide case management, respite care, day habilitation, supported employment services, environmental accessibility adaptations, skilled nursing, specialized medical equipment and supplies, residential assistance (supported home living, foster/companion care, supervised living, residential support), counseling and therapies (psychology, physical therapy, occupational therapy, speech therapy, audiology, social work, dietary), and dental treatment.

Based on the assurances and information that you have provided, I approve the renewal request cited for a five-year period effective September 1, 2003. The temporary extensions granted on the waiver are subsumed into the waiver renewal.

The approval is subject to your agreement to serve no more individuals than indicated on your Factor "C" in your approved per capita expenditure estimate. The values for Factor "C" include any individuals replaced due to death or loss of eligibility for Medicaid services during the five years of the waiver program.

The following estimates of utilization and cost of waiver services have been approved:

Year	Unduplicated Recipients	Factor "D"
1	8403	\$36,905
2	8403	\$37,626
3	8403	\$38,452
4	8403	\$39,306
5	8403	\$40,237

For your convenience, a copy of the approved renewal package is included with this correspondence. If you have any questions, please contact Cheryl Rupley of my staff at 214-767-6278.

Sincerely,

James Randolph Farris, M.D.
Regional Administrator

Enclosure

cc: Director, Center for Medicaid and State Operations